

**OFFICE OF THE FEDERAL DEFENDER
EASTERN DISTRICT OF CALIFORNIA
801 I STREET, 3rd FLOOR
SACRAMENTO, CALIFORNIA 95814
(916) 498-5700 Fax: (916) 498-5710**

*Daniel J. Broderick
Federal Defender*

*Linda Harter
Chief Assistant Defender*

December 8, 2008

Michael B. Bigelow
Attorney at Law
428 J St. #350
Sacramento, CA 95814

FILED

DEC 9 2008

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY _____
DEPUTY CLERK

Re: **U.S. v. Carl M. Lewis v. Runnels**
CIV-03-1410 GEB EFB

Dear Mr. Bigelow:

This will confirm your appointment as counsel by the Honorable Edmund F. Brennan, U.S. Magistrate Judge, to represent the above-named petitioner. You are attorney of record until such time as you are relieved or other action is taken to appoint a different attorney.

Enclosed is CJA 20 form, your Order of Appointment and Voucher for services rendered. Also enclosed is an instruction sheet discussing the use of the forms.

If we may be of any further assistance regarding the processing of the enclosed form, preparation of form CJA 21 for expert services, or in reference to any other matter pertaining to this case, please feel free to call upon us at any time.

Sincerely,



Becky Darwazeh
CJA - Legal Secretary

:bd
Enclosures

cc: Clerk's Office

1. CIR./DIST./DIV. CODE CAE	2. PERSON REPRESENTED Lewis, Carl Montague	VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 2:03-001410-001	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) Carl M. Lewis v. Warden	8. PAYMENT CATEGORY Other	9. TYPE PERSON REPRESENTED	10. REPRESENTATION TYPE (See Instructions) Habeas Corpus

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix)
AND MAILING ADDRESSBIGELOW, MICHAEL B.
428 J STREET #350
SACRAMENTO CA 95814

Telephone Number: (916) 443-0217

14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)

13. COURT ORDER

- ☒ O Appointing Counsel
☐ F Subs For Federal Defender
☐ P Subs For Panel Attorney

☐ C Co-Counsel☐ R Subs For Retained Attorney☐ Y Standby Counsel

Prior Attorney's Name: _____

Appointment Date: _____

☒ Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or

☐ Other (See Instructions)

Signature of Presiding Judicial Officer or By Order of the Court

11/18/2008

Date of Order

Name Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time of appointment.

☐ YES ☐ NO

CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. In Court	a. Arraignment and/or Plea					
	b. Bail and Detention Hearings					
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings					
	f. Revocation Hearings					
	g. Appeals Court					
	h. Other (Specify on additional sheets)					
(Rate per hour = \$ 100.00) TOTALS:						
16. Out of Court	a. Interviews and Conferences					
	b. Obtaining and reviewing records					
	c. Legal research and brief writing					
	d. Travel time					
	e. Investigative and Other work (Specify on additional sheets)					
(Rate per hour = \$ 100.00) TOTALS:						
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)					
18.	Other Expenses (other than expert, transcripts, etc.)					
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION	
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment						
Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets.						
I swear or affirm the truth or correctness of the above statements.						
Signature of Attorney: _____			Date: _____			
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT		
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE / MAG. JUDGE CODE		
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED		
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE		